APR-12-2001 14:22 FROM-PCMG 941-275-7936 T-087 P.001/001 F-142

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000401

Entity Name

RIVERSIDE GARDEN APARTMENTS LIMITED PARTNERSHIP

FILED

01 APR 12 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2515 FIRST STREET FT. MYERS FL	% PROPERTY COUNSELORS, INC. 980 N. MICHIGAN AVE., SUITE 1675 CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0811517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311	Name PCMG ✓ G99341900190 Street Address (P.O. Box Numbers Not Acceptable) 2119 COLONIAL BLVD FORT MYERS, FL City FL Zip Code 33906

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. Capital Contributions as Shown on record. $750,000.00

10. Amount of Capital Contributions in FLORIDA to date. [redacted]

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000013672	STREET ADDRESS	
NAME	RG APARTMENTS CORPORATION	CITY-ST-ZIP	300004014143--1 -04/17/01--01105--001 ****376.25 ****376.25
STREET ADDRESS	% 980 N. MICHIGAN AVE., SUITE 1675		
CITY-ST-ZIP	CHICAGO IL 60611		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300004014143--1 -04/12/01--01105--002
NAME		CITY-ST-ZIP	****150.00 ****150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

(REVISED 11/00)

14. I Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #